

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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| SERIAL NO. 10/532274 | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | 16 | ← | 19 | ← | ← |
| TOTAL CLAIMS | 17 | | 20 | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | | ← | | ← | ← |
| TOTAL CLAIMS | | | | | |